

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 208
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Christmas Arizona or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Teresa Quintana
 (If child is not yet named, make supplemental report, as directed.)

| | | | | |
|----------------------------------|---|---------------------------|------------------------------|---|
| 3. Sex of Child Female | To be answered ONLY in event of plural births. -- | 4. Twin, triplet or other | 6. Legitimate? Yes | 7. Date of birth March 30 1930 Month Day Year |
| | | 5. No., in order of birth | | |

8. **FATHER**
 Full name Rudolph Quintana

14. **MOTHER**
 Full maiden name Jesus Montoya

9. Residence (Usual place of abode) Christmas Arizona
 If non-resident, give place and state.

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 If non-resident, give place and state.

10. Color or race
Mexican

11. Age at last birthday 31 (Years)

16. Color or race
Mexican

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico
 (State or country)

18. Birthplace (city or place) Mexico
 (State or country)

13. Occupation
 Nature of Industry
Mining machine man

19. Occupation
 Nature of Industry
House Wife.

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3
 (b) Born alive but now dead NONE
 (c) Stillborn NONE

21. Were precautions taken against ophthalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.10 P.M. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. W. Hawk M.D.
Physician (Physician or Midwife).

Given name added from a supplemental report _____ Address Christmas Arizona

Month, day, year _____ Filed April 10 1930 P. H. Hutton
 Registrar Registrar

4461-330-141